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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number			Filing Date 21 February, 2006			☐ To be Mailed		
					10/568,964 Applicant(s) MATSUMURA ET			_			Page 1 of 1		
CLAIME	ACEHED AETED EIDOT				APTE	o ded	* May be used for additional claims or amendments						
CLAIMS	AS FILED 12/05/2007		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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4	1	1					54						
5		1					55						
6		(1)					56						
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10	1	1					60						
11	х						61						
12		(1)					62						
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50							100						
Total Indep	2						Total Indep						
Total Depend		15					Total Depend						
Total Claims	17						Total Claims						

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